

PTO/SB/92 (09-03)

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ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/650,605
Filing Date	08/28/2003
First Named Inventor	Edmund O. Schweitzer, III
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	1444-0002

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	David M. Mundt, Esq.			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

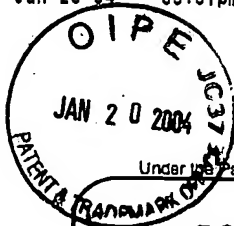
Name	Nancy Hindman		
Signature	<i>Nancy Hindman</i>		
Date	1-19-04	Telephone	509-332-1890

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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INDICATION FORM**

Application Number	10/650,605
Filing Date	08/28/2003
First Named Inventor	Edmund O. Schweitzer, III
Title	DISTANCE PROTECTIVE RELAYUSING
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	1444-0002

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Eugene M. Cummings	24,398
David M. Mundt	41,207
David Lesht	30,472

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☒ Firm or Individual Name Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)**SIGNATURE of Applicant or Assignee of Record**

Name Nancy Hindman

Signature *Nancy Hindman*

Date 1-19-04

Telephone 509-332-1890

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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